

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000513

Entity Name: NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202**Current Mailing Address:**40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202 US**FEI Number:** 59-3700428**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COUGHLIN, RENA
40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	MONTEIRO-TRIBBLE, VELMA
Address	4800 DEERWOOD CAMPUS PARKWAY DCC 3-4
City-State-Zip:	JACKSONVILLE FL 32246-8273

Title	VC
Name	CONNER, TIMOTHY
Address	50 NORTH LAURA ST SUITE 3900
City-State-Zip:	JACKSONVILLE FL 32202

Title	CEO
Name	COUGHLIN, RENA
Address	40 EAST ADAMS STREET SUITE 100
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	HANE, MARIA
Address	1025 MUSEUM CIR
City-State-Zip:	JACKSONVILLE FL 32205

Title	SECRETARY
Name	FREED, MICHAEL
Address	225 WATER SUITE 1750
City-State-Zip:	JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RENA COUGHLIN

CEO

04/05/2019

Electronic Signature of Signing Officer/Director Detail_____
Date